NOVA SCOTIA

Health Research FOUNDATION

Moving Forward

ANNUAL REPORT 2001 - 02

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Message from the Chair

The Nova Scotia Health Research Foundation has a mandate to assist, collaborate with, and fund research in Nova Scotia. In fiscal 2001, we worked to ensure that we met – and exceeded – the goals inherent in our mandate and, in the process, strengthened our relationship with the province's health research community.

One of the central pillars of the Foundation's success has been its commitment to inclusiveness, to reaching out to researchers no matter where they are located or where they are in their career. This year the Foundation enhanced its capacity-building program and made greater strides in reaching graduate students, both of which you will read more about in this annual report.

I am pleased to report that for the first time workshops were offered outside the Halifax area in an effort to accommodate the needs of researchers living outside Metro. A one-day workshop was held at St. Francis Xavier University – and drew more than 60 participants. The workshop – organized in response to requests and feedback from researchers throughout the province – focused on building health research networks and fostering partnerships. Sessions explored the peer-review process, grant writing, research questions and funding opportunities.

From a Board perspective, fiscal 2001 was also a busy and demanding year. We turned our attention to policy development and spent many hours drafting and finalizing policies we hope will sustain and guide the organization well into the future. For anyone interested in seeing these policies, they are posted on the NSHRF website.

On a personal note, I would like to thank the board members for their dedication and their insight. The Nova Scotia Health Research Foundation is clearly a priority – and because it is a priority, we are able to achieve most of the goals we set before us. I would, in particular, like to thank outgoing Board members Jennifer Feron and Cynthia Mathieson. Their hard work and expertise is deeply appreciated. On a sadder note, I want to extend my sympathies to the family of Board member Harley Marchand, who died this year after a courageous battle with cancer.

It is a pleasure to welcome Joan Fraser to the NSHRF Board of Directors. Joan is the former Executive Director of the Heart and Stroke Foundation of Nova Scotia and a former Judge of the Court of Canadian Citizenship. I am also pleased to announce the reappointment of Tom Larder to the Board. Tom is Chair of the Board of Directors of Canadian Dental Services Plans Inc. and President of Endo/Tech in Nova Scotia.

It is also imperative that I thank the staff of the Foundation. They are a small – but highly effective – team. Krista Connell, our Executive Director, has been instrumental in building important relationships with the research community here and across the country. Those relationships are translating into greater research funding and expertise. Krista is ably supported in the office by Colleen Clattenburg, the Foundation's Administrative Assistant, and Lesley Poirier, the Research Program Analyst.

As I look back over the last fiscal year, I am amazed by the work the Foundation – in only its second full year of operation – has accomplished. As we continue to move forward with your help and support I know there is much more we can accomplish.

Hugh A. Gillis

Hugh Gillis
Chair

Message from the Executive Director

Fiscal 2001 was a year of tremendous growth and development for the Nova Scotia Health Research Foundation. Last year we laid a foundation on which to build programs for and outreach to the health research community across Nova Scotia and across the country. This year we successfully built on that foundation – and awarded $4.3 million in funding to health researchers throughout the province.

In July, we were delighted to announce project funding for 33 health research initiatives that covered a broad range of health concerns for Nova Scotians – everything from biomedical laboratory research on the inner ear, to studies on computer use and workplace health, to teen pregnancy prevention, to how to help seniors avoid life-threatening falls. In addition to funding new projects and providing matching grants, more than $800,000 was awarded to Nova Scotia students completing their masters, doctoral and post-doctoral programs. This is an invaluable investment in our future.

In addition to our provincial competition, we participated in the Regional Partnership Program of the Canadian Institutes of Health Research our annual contribution is $500,000.

This money is matched to assist Nova Scotia researchers who qualify for research funding under this program. Our money, therefore, makes more money for the province's health researchers.

Building research capacity is one of our primary goals. This fiscal year we launched a capacity-building program designed to:

- Support students at all levels of university study to participate in research-related activities,
- Support researchers in the development of research proposals,
- Encourage innovative approaches to developing research skills in the research community, and
- Support pre-research activities.

Response to the capacity-building program was positive and immediate. By the end of the fiscal year, we had awarded more than $300,000 to researchers across the province.

Building capacity also means building awareness of the quality and scope of health research being conducted in Nova Scotia. This year we engaged, as always, in a wide array of communications activities to increase awareness and understanding.

In particular, the Foundation was pleased to host the holders of the Canadian Health Services Research Foundation/Canadian Institutes of Health Research Chairs, who met in Halifax for the first time. Their focus is on fostering health services research in Canada – and working with decision-makers to help ensure such research doesn't sit on a shelf but is used to make informed, effective decisions. We arranged special networking sessions so that these national researchers and their students could meet with Nova Scotia decision-makers, researchers and students to foster greater understanding of the important health research being conducted in this province.

This is only the beginning. The need to network, to build capacity, and to fund world-class research continues unabated. We are eager to meet the challenge.

Krista Connell

Krista Connell
Executive Director

Highlights of the Fiscal Year 2001

Fiscal 2001 was a busy and productive year. Here's some of what we accomplished:

- We received 134 applications for our project grants and student awards, a 10% increase over our first competition. The quality of those applications is noteworthy. In fact, we couldn't fund everyone who qualified. In total, 59 researchers and research teams were funded. The overall success rate for the entire competition was 44%. The success rate for students was a whopping 59%. For project grants, it was 37%. We are clearly building on a foundation of first-class research.

- To make sure our website – www.nshrf.ca – was meeting the needs of users, we collected information on the number of "hits" over a five-month period, from November 2001 to March 2002. The website analysis showed that:

  - There is considerable interest in the website: more than 300 individuals visited the site each month;
  - Traffic doubled in January and increased by another 60% in February when the new application forms and programs guide were put on the site;
  - The Capacity-Building Program generated the most hits among programs.

- For a week in November, the CHSRF/CIHR Chairs met in Halifax to exchange information about their respective research projects and explore opportunities for educational initiatives related to their appointments. This was the first time the Chairs had met in Nova Scotia. In addition to their regularly scheduled meeting, six of the Chairs – Pat Armstrong, Peter C. Coyte, Lesley Degner, Janice Lander, Réjean Landry and Linda O'Brien-Pallas – stayed on to spend a half-day meeting with local researchers, health professionals, policy-makers, decision-makers and students. In an effort to determine the usefulness of the networking session, we distributed a questionnaire to Chairs and participants requesting their feedback. Both groups stated that they benefited significantly from the sessions and would take part in future sessions.

- The annual workshop series kicked off in September with a two-day grant-writing workshop that was attended by 200 researchers and students as well as representatives from across the Atlantic region including the Newfoundland Centre for Applied Health Research, PEI Health Research Institute, and the New Brunswick Medical Research Fund, and national funding agencies including SSHRC, CIHR and CHSRF. Following this event, the provincial research agencies in the Atlantic Region held an informal meeting.

- We explored issues collaboratively. In September, the Foundation brought together approximately 50 experts from throughout Atlantic Canada to further examine the issue of health human resources. The workshop was designed to help establish working partnerships among researchers, policy-makers, and clinicians so we can create research projects – together – and address major issues in health human resources. It was also designed to encourage frank discussion on health human resource issues to identify research gaps and needs. Key partners for this workshop included the Nova Scotia Health Human Resources Sector Council, Canadian Health Services Research Foundation, and the Nova Scotia Human Resources Study.

- The first recipients under the pre-research component of our Capacity-Building Program were announced in December. New Start Counseling, a counseling service for abusive men, and the Metropolitan Immigrant Settlement Association joined forces to investigate the factors involved in parent abuse. The Health Association of African Canadians identified six priority areas of concern to Black women in Nova Scotia, including lack of documentation, problems of remoteness

Highlights of the Fiscal Year

and isolation, and a lack of health clinics. With the capacity-building grant, the Health Association of African Canadians hired a researcher to investigate these issues. Shanthi Johnson, an assistant professor at the School of Nutrition at Acadia University in Wolfville, is exploring the connection between poor nutrition and increased falls among the frail elderly, one of the leading causes of mortality and morbidity among frail older adults.

- To understand how Nova Scotians perceive health research, we commissioned a survey to explore the issue. Here's some of what we discovered:
  - The public is currently divided in terms of familiarity with health research, with about 50% being familiar with the concept.
  - Those most likely to be familiar with the concept of health research are women and those under 55 years of age.
  - At least four out of five respondents said health research was important in terms of biomedical research, health services, health policy and health outcomes.

- We were pleased to become the secretariat for the Nova Scotia-Canadian Institutes of Health Research Regional Partnership Program, which will assist in building capacity for health researchers in Nova Scotia. It will support new operating grant applications from researchers not currently funded by CIHR.

- The response document, *Analysis of Responses to a Critical Look*, was produced. In fiscal 2000, NSHRF commissioned a paper to provide a common, broad overview of health research in Nova Scotia to stimulate reflection, discussion and debate about strategies for achieving the objectives of the Foundation. The quality and detail of the responses has clearly shown that the objective was met.

We redesigned our website so it is quicker to navigate, easier to access information and visually more appealing. The site is also designed for future growth. As we develop new pages and add more content, the ease and convenience of accessing that information will be maintained.

- Based on feedback from applicants and reviewers, we enhanced our research grant competition and capacity-building program including making changes to our application forms. The improvements, which made applying easier and clarified requirements, were in place for the 2002 competition.

- Our annual winter workshop was held at St. Francis Xavier University, the first – but certainly not the last – time that we held a workshop outside the Metro area. The theme was Developing Collaborative Health Research Models. A panel presentation – Lessons from the field: Doing collaborative health research – was featured along with working groups including "Preparing Key Elements of the Health Research Proposal – Tips and Success Stories,"and "What Happens to your Health Research Grants". More than 60 hardy souls braved one of the new year's worst snow storms to take part.

- We were delighted to play a small part in a big initiative for Nova Scotia. Researchers at Saint Mary's University were successful in their quest to establish the CN Centre for Occupational Health and Safety, which received a $500,000 endowment from CN Rail. The Centre is the only one of its kind in Canada. The notion of an occupational health and safety centre emerged from a meeting between NSHRF and SMU researchers. "During the discussion, we realized we had the capacity to create a centre right here in Atlantic Canada," says Kevin Kelloway, a Professor of Management and Director of the PhD Program in the Business Administration Program.

Capacity-Building Grant

The Midlife Health and Well-Being of African Nova Scotian Women

Sue Edmonds
Chair
Health Association of African Canadians

SUE EDMONDS WAS THERE WHEN IT BEGAN. It was at a Lunch 'n Learn for the Health Association of African Canadians three years ago during Black History Month. It suddenly struck the people in the room that there was very little research available about the health of African Nova Scotian women. How could they begin to improve matters if they didn't even know what the status quo was?

The community group had all sorts of questions: Does race affect how drugs act? Does race affect health? What about social and educational status? Members were eager for information and headed to the university to find academic researchers and to the Nova Scotia Health Research Foundation for seed money. They were successful in both initiatives.

With the support of researchers, like Barbara Keddy and Josephine Enang, from Dalhousie University's School of Nursing, the group received a Capacity-Building Grant and hired a professional researcher, Bethan Lloyd. They narrowed their quest to learning more about middle-aged Black women between 40 and 65 years of age.

A literature search was conducted to see what information was available and a questionnaire created to use at focus groups and workshops. A critical issue was discovered: there was no data available about this age group among African Nova Scotian women. No one knew what their health status was; no one knew how they accessed health services; no one knew about their rates of depression or how they responded to menopause or other post-reproductive issues. The lack of information was overwhelming.

This group of women seemed burdened with the myth of the "strong Black woman": the caregiver, the pillar of the community, the one who supported everyone else. Did she then, perhaps, ignore her own health and other needs?

"With what we learned," Sue says, "we were able to put together an application for a Health Research Project grant to collect data on five communities in Metro Halifax: Preston, Dartmouth, Halifax, Lucasville/Hammonds Plains, and Sackville."

"We expect to interview 50 women of African descent," says Sue. "In addition to collecting data, we'll be creating educational material to help improve the health of middle-aged African Nova Scotian women and a website to collect the information and make it widely available. Our view is getting bigger too and we're looking at a larger proposal for the future on race in health."

From a tiny seed, a growing tree is putting out tendrils and spreading its branches, taking sustenance from both its roots within the community and its fertilization from without.

Health-Outcome Research

Strength Training and Aging

Principal Investigator: René J. L. Murphy
School of Recreation Management and Kinesiology
Acadia University

WEIGHT TRAINING CONJURES UP AN IMAGE of young jocks sweating through their spandex to the mantra, "No pain, no gain." But studies have shown that these ultra-fit young athletes may actually be diminishing their immune systems, says René Murphy. Moderate weight training, however, has been shown to improve the immune system of young people.

What's not known is the effect of weight training on older individuals. What would happen to the immune system if, instead of those young jocks, the research was done on retirees, over 55, and the exercise was moderate? And what if the emphasis was not on a quick fix in a sweat-saturated gym but a year-long program that people could do in their homes? What effect would that have on their strength, flexibility and quality of life?

These are some of the questions René and one of his collaborators Julia Green-Johnson, a professor in the School of Nutrition and Dietetics at Acadia who specializes in issues of immunology, are trying to illuminate in their study of approximately 50 retired King's County residents.

With the assistance of kinesiology students, about 25 seniors are now exercising in their homes three times a week, working with Thera-Band (very heavy latex bands and exercise balls) to exercise. The participants are monitored bi-weekly on the phone and once a month in person, when they're introduced to new exercises or have their reps and weights increased.

Before they begin their programs, participants complete a health questionnaire, may see their family doctors for permission to participate, and have blood drawn to establish baseline immune function, including natural killer cell activity and phagocytic cell activity, as well as a variety of normal health indicators like cholesterol and fatty acids. These will be compared with tests taken after they've completed their year of exercise. Participants also complete a variety of standard strength and agility tests, including some less-typical applied tests like opening jars, picking up coins, writing block letters, opening doors with a key, and pouring precise amounts of liquids. Their performances in these tests are videotaped for future comparisons.

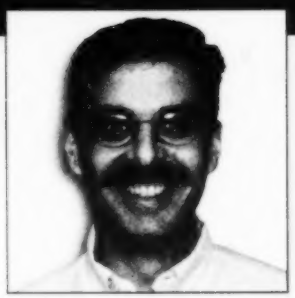
"We also use an eleven-station obstacle course," René says. "We ask participants to do things like climb high and low stairs and walk on carpet, Astroturf, beach sand, and even bark chips. We try to use tests that reflect actual functions."

The results of pilot research performed in the Centre of Lifestyle Research laboratories to date are hopeful. In René's initial research, people came an average of approximately 2.2 times a week to their gym-based program. But people are reporting an average of exercising around 2.8 times a week at home.

"We're trying to change behavior," René notes. "This is about an almost daily routine for a whole year – a lifestyle change."

Health-Services Research

Off the Shelf



Principal Investigator: John Blake
Faculty of Industrial Engineering
Dalhousie University

GROCERY STORES ROUTINELY FACE THIS TYPE of problem – how many bananas should they order when they don't know how green the bananas will be when they arrive or how many bunches they will sell that week? Well, health care systems face the same inventory-management problem – only the highly perishable item in this case happens to be platelets, a precious blood product needed by patients receiving bone marrow transplants, surgery and treatment for trauma. Now a researcher from Atlantic Canada is looking to Loblaws and other retail giants for ideas that could help add shelf life to platelets – and give life to individuals throughout Atlantic Canada. It's an example of innovative life sciences research.

Platelets are the body's first line of defense against bleeding; they move in quickly to form a temporary plug until other proteins can create a stable clot. Like all blood cells, platelets are made in the bone marrow. They are collected from blood and then separated from other cells. But the effectiveness of the platelets diminishes within five days, whether they are housed inside or outside the human body. Since testing and processing can take two days, platelets are sometimes only available for transfusion for a 72-hour period before they must be discarded.

"A noticeable fraction of all platelet units collected in Nova Scotia are outdated before they can be used in a transfusion. However, there can also be times when platelets are in short supply. This makes it challenging for hospitals to order enough to meet their needs without incurring considerable waste," says John Blake, an industrial engineer at Dalhousie University who is tackling the problem with support from the Nova Scotia Department of Health and Canadian Blood Services.

Unpredictable demand is a big part of the problem. "Even within the bone marrow transplant program, when we know how many patients will need transfusions over a certain period, we can't predict how many platelets they will need. Some patients need a platelet transfusion every four days, others need a transfusion only once a day," explains Donna Forrest, staff hematologist with the Bone Marrow Transplant Program at the Queen Elizabeth II Health Sciences Centre.

"Emergency surgeries and traumas," she adds, "can wipe out a supply in a matter of hours."

It's not just demand that can't be predicted. Hospitals also have to worry about the age of the stock they have on hand. "There are so many variables, it's beyond the grasp of reason," says John, noting that it would take the world's fastest computer a billion years to come up with the optimal answer to the seemingly simple question of how many platelets to order.

However, John has come up with a mathematical trick that may just solve the problem. His approach is based on techniques used successfully by such large companies as Wal-Mart and relies on computer models to develop optimal ordering guidelines.

"When applied, these guidelines will create a more predictable ordering environment for hospitals," says John. "This will, in turn, allow Canadian Blood Services (CBS) to better align their collection and production to meet the system's needs. Ultimately, health centres and patients will get better service, and the province will save money."

In addition to mathematical solutions and computer-assisted guidelines, John is working with CBS Halifax, the IWK Health Centre and the QEII Health Sciences Centre to look at how the blood supply chain is managed and controlled, and identify new ways of doing business. He says province-wide tracking of the complete inventory, improved communication among the various players and a common understanding of ordering practices will benefit the entire system.

Medical Research

Liver Disease and Drug Metabolism

Principal Investigator: Chris Sinal
Department of Pharmacology
Dalhousie University

CHRIS SINAL RETURNED TO CANADA from a post-doctoral fellowship at the National Institutes of Health in Bethesda, Maryland, with a tan, a ton of books – and a special interest in nuclear hormone receptors. He has now turned that interest into a novel research project looking at bile acid receptors in the liver.

Chris and his team of technicians and graduate students are conducting basic research into how the human liver maintains a normal level of bile acid and what happens when this level is not maintained. Bile acids are toxic to the liver, and Chris is working to understand the mechanisms by which a pair of proteins helps maintain normal levels in the liver – homeostasis – by accelerating excretion of the bile acid.

The research team is focusing on two nuclear receptor proteins – FXR (Farnesoid X Receptor) and PXR (Pregnane X Receptor) – that act as controllers, sensors and regulators of bile acid metabolism. If the researchers can discover how these proteins, particularly FXR, operate, they will be on their way to understanding how to control bile acid in the liver and perhaps, at some time in the distant future, prevent or treat cholestasis, a rare and serious disease of the liver.

Cholestasis refers to a group of diseases resulting from bile acid accumulation in the liver. Cholestasis can occur during pregnancy, as a result of drug interactions and as a secondary effect of other liver disease states. The most severe forms of cholestasis are associated with mutations in genes involved in the elimination of bile acids from the liver. Existing therapies reduce some of the symptoms of cholestatic liver disease; however, the most severe forms ultimately result in liver failure, the need for liver transplantation or death.

At the same time that Chris and his team are studying how FXR and PXR work, they are also looking into how other molecules affect these proteins, hoping to discover drugs that may one day be able to regulate them.

As part of the research, Chris and his colleagues are also looking into genetic aspects of cholestatic liver disease. More than one-third of patients have a family history of cholestasis. When the condition occurs in a pregnancy, it recurs in 60 to 70 percent of future pregnancies and it occurs in every pregnancy of about 25 percent of affected women.

"We're taking two approaches to the genetic questions," Chris says. "One approach is to study known genes that are involved in bile acid homeostasis. The other approach is to use high-throughput genomics to identify new genes that may be relevant to bile acid homeostasis."

Health Public-Policy Research

End of Life

Principal Investigators: Jocelyn Downie, Fiona Bergin
Health Law Institute
Dalhousie University

TO MAKE A GOOD DEATH. This sentiment once had a purely religious connotation, but the ability of medical care to prolong life has given it new meaning. It now reflects many people's fear of life prolonged beyond reason with drugs and machines, of pain left unrelieved for fear of censure by hospital authorities and legal repercussions, of long, drawn-out, debilitating diseases where modern medicine can sustain life but not quality of life. These issues are among the most contentious in the world right now.

Fiona Bergin and Jocelyn Downie, professors at the Health Law Institute at Dalhousie University, are exploring these issues in a project designed to comb the country for information about how institutions are dealing with these problems and to prepare educational materials and model policies that will help administrators across Canada find ways to deal with death in the twenty-first century.

Jocelyn and Fiona teach end-of-life issues, from a legal perspective, to students at Dalhousie University in many different faculties and departments. The issue affects many disciplines: law, medicine, nursing, and occupational therapy. "We are trying to determine what's out there with respect to policies," notes Fiona. "We want to find what might be common practices."

The researchers are conducting a thorough literature search as well as reviewing policies in place in hospitals, nursing homes, and palliative care centres, and contacting medical examiners and coroners' offices to find out how they react to a variety of end-of-life scenarios.

"We want to identify good policies. We don't want to judge positions taken in the policies; we're interested in the process that went into creating them: consultation, conflict resolution," Fiona says. "We're not advocating for specific policy changes, but we are interested in seeing clear policies developed. We want to provide educational materials and models so that institutions can make informed choices."

She adds that, "People working in hospitals are worried about their criminal responsibility, about how their actions will be interpreted in a court of law. Anyone who has watched someone suffer needlessly because health care staff were afraid to administer drugs that might shorten life as well as ease pain knows that we don't always deliver the best death we can to patients."

Among the first steps the research team is taking in their two-year project, which was funded by matching funds from the Nova Scotia Health Research Foundation ($150,000) and the Max Bell Foundation ($180,000), are creating survey instruments that will let them collect information from various audiences, like the general public, health professionals and policy-makers, and creating a website to serve as a centre for distributing the information they acquire and that already exists.

In Memoriam

TOM REGAN

It was with great sadness that we said good-bye to two of our staunchest supporters and friends in 2002, Tom Regan and Harley Marchand.

Tom was Dean of Arts at Acadia University. He worked diligently as the Chair of our Policy, Services and Outcomes Peer Review Committee providing direction and building consensus. He also chaired the first day of our workshop on grant writing contributing his insight and encouraging others to participate fully.

HARLEY MARCHAND

Harley was the Executive Director of the Arthritis Society of Nova Scotia and an avid force in the development of a thriving and inclusive health research community in Nova Scotia. He sat on our first Board of Directors and was a guiding force in our development.

Tom and Harley were a great source of support and inspiration for all of us at the NSHRF, and we are deeply saddened. Our thoughts and deepest condolences go out to their families.

Successful Applicants

NAME	PROJECT TITLE	INSTITUTION
Anderson, David	*Outcomes of Antithrombotic Therapy for Atrial Fibrillation*	QEII Health Sciences Centre
Armson, Anthony	*Comparison of Perinatal Outcomes Associated with the 75-g and the 100-g Oral Glucose Tolerance Test*	Dalhousie University
Bance, Manohar	*Measurements and Finite Element Modeling of Stapes and Prosthesis Vibration Modes Following Surgical Middle Ear Hearing Reconstruction in the Cadaveric Human Ear*	QEII Health Sciences Centre
Blake, John	*Optimizing the Platelet Supply Chain in Nova Scotia*	Dalhousie University
Butler, Lorna	*Exploring Cultural Dimensions of Sexual Health in Relation to the Cancer Experience of African Nova Scotians: A Synchronicity of Colour in the Mirror*	Dalhousie University
Curtis, Lori	*Too Little or Too Much? Health Care Utilization in Nova Scotia*	Dalhousie University
Downe-Wamboldt, Barbara	*The Effectiveness and Efficiency of an Individualized Telephone Counselling Intervention for People with Cancer*	Dalhousie University
Fenety, Anne	*Effect of Work Pace on Sitting Behaviors, Musculoskeletal Discomfort and Performance During Prolonged Computer Tasks*	Dalhousie University
Gardner, David	*Comparing Patient vs Physician Responses in the Valuation of Patient-oriented Antidepressant Selection Factors*	QEII Health Sciences Centre
Harbison, Joan	*Community-based Services for Abused and Neglected Older Adults*	Dalhousie University
Kirkland, Susan	*Nova Scotia Hepatitis C Database Linkage Project (NSHepLink)*	Dalhousie University
Langille, Donald	*Teenage Pregnancy in Nova Scotia: An Assessment of Community-Related Factors and Short Term Financial Costs*	Dalhousie University
Langley, Richard	*In Vivo Confocal Scanning Laser Microscopy of Benign and Malignant Pigmented Lesions*	QEII Health Sciences Centre
McLean, Linda	*Evaluation of Myofascial Pain Syndrome Using Myoelectric Signal Parameters*	Dalhousie University
Mendez, Ivar	*Neural Transplantation hNT cells in the Rodent Mode of Parkinson's Disease*	QEII Health Sciences Centre
Murphy, Réne	*The Effects of a Home-Based Strength Training Program on Independence and Immune Function of Older Nova Scotians*	Acadia University
Perrott, Stephen	*Dealing with Workplace Violence, Aggression, and Mistreatment: Model Development Within and Between Occupations*	Mount Saint Vincent University
Persaud, David	*Assessing Organizational, Health System and Societal Impacts of Telehealth Programs: Lessons from Nova Scotia*	Dalhousie University

Health Project Grants

Successful Applicants

NAME	PROJECT TITLE	INSTITUTION
Peterson, Theresa	*New Therapy for Collagenous Colitis: Mechanism of Action of Pentoxifylline*	Dalhousie University
Phipps, Shelley	*Poverty, Policy and Health of Children in the Maritimes: A Comparative Microdata Analysis*	Dalhousie University
Putnam, Wayne	*Anticoagulation in Atrial Fibrillation: Evidence in Primary Care*	Dalhousie University
Rajda, Margaret	*Treatment of Obstructive Sleep Apnea Hypopnea Syndrome: Psychological and Cognitive Outcomes*	Dalhousie University
Russell, Kathleen	*A Prospective Cohort Study Comparing the Outcomes of Antenatal and Postnatal Diagnosis of Cleft Lip and Palate*	Dalhousie University
Sinal, Christopher	*Regulation of Bile Acid Homeostasis by the Nuclear Receptors FXR and PXR: Implications for Liver Disease and Drug Metabolism*	National Institutes of Health
Sinclair, Douglas	*Emergency Department Quick Response Program - Falls Prevention Initiative*	QEII Health Sciences Centre
Stadnyk, Andrew	*Neutrophil Transepithelial Cell Migration: A Target for Controlling Intestinal Inflammation?*	IWK Health Centre
Stewart, Sherry	*Exploring Relations of Binge Eating and Binge Drinking Among Women with Alcohol Problems*	Dalhousie University
Title, Lawrence	*Improving Outcomes Following Percutaneous Coronary Interventions in Type 2 Diabetes - An IVUS Pilot Study*	QEII Health Sciences Centre
Townsend, Elizabeth	*Quality of Life.Com: An Assessment of Policy Support for Web-Based Education for Occupational Therapy Researchers*	Dalhousie University
Veugelers, Paul	*Diagnostic and Referral Delay Among Patients with Colorectal Cancer in Nova Scotia: Analysis of Population-based Secondary Data Resources*	Dalhousie University
Watt, Margo	*A Brief Cognitive-Behavioural Approach to Reducing Anxiety Sensitivity in a Nonclinical Sample*	St. Francis Xavier University
West, Kenneth	*Human Dendritic Cells and the Immunological Synapse with Allogeneic T Cells*	Dalhousie University
Wilkinson, Michael	*A New Developmental Approach to the Neuroendocrine Etiology of Polycystic Ovarian Syndrome (PCOS)*	IWK Health Centre

Successful Applicants

NAME	PROJECT TITLE	PROGRAM
Brenckmann, Christine	*Health Services Utilization Patterns in Nova Scotia Residents Diagnosed with Hepatitis C*	Graduate Studentship
Christie, Sean	*Characterization of the Morphological and Functional Benefit of Transplanted Stem Cells in Rodent Spinal Cord Injury Model*	Graduate Studentship
Coolen, Anna	*Educating Occupational Therapists about Wheel Chair Use: Comparison Between Experimental and Skill-Acquisition Protocols*	Graduate Studentship
Davis, Alicia	*Serotonergic Regulation of Kindling-Induced Emotionality*	Graduate Studentship
Dwyer, Suzanne	*Circadian Rhythms and Early-Immediate Gene Expression in an Animal Model of Depression*	PostDoc Fellowship
Emsley, Jason	*Identification of Genes Controlling Migration of Newly-Generated Neurons in the Adult Brain*	PostDoc Fellowship
Flaman, Anathea	*A Yeast System for Analysis of Sterol Trafficking Defects in Niemann-Pick C Disease*	Graduate Studentship
Fu, Yangxin	*Role of Subtilisin-Like Proprotein Convertases (SPCs) in Ovarian Cancer*	PostDoc Fellowship
Jenkins, Christopher	*The Role of Mast Cells in Pseudomonas Aeruginosa-Inducted Inflammation: Cytokine Production and Neutrophil Infiltration*	Graduate Studentship
Lynn, Audra	*Analysis of Genomic Imprinting in Drosophilia; Suitability as an Experimental Model System for Mammalian Imprinting*	Graduate Studentship
Lyons, Peter	*Molecular Mechanisms of Adipogenesis*	Graduate Studentship
MacDonnell, Jennifer	*Structure-Activity Effects of GTP Analogues on CTP Synthetase Activity*	Graduate Studentship
Maddalena, Victor	*Improving the Health of Vulnerable Populations Through Increased Participation in Decision-Making: An Ethical Analysis*	Graduate Studentship
Randall-Gryz, Anna	*The Use of ERP to Examine Violation of Expectation in Sentences: Comparing Children with Autism to Typically Developing Controls*	Graduate Studentship
Raoul, Jennifer	*The Effects of Pentoxifyline, Metabolite-1, and Metabolite-1R on Fibroblast Proliferation and Collagen Synthesis and an Examination of their Pharmacologic Interaction with Ciprofloxacin*	Graduate Studentship
Reidy, Shannon	*Characterization of the Molecular Signaling Pathways that Regulate Adipocyte Differentiation and Adipose Tissue Formation*	PostDoc Fellowship
Reynolds, Laura	*Neuroprotective Actions of Insulin-Like Growth Factor-1 on Cognition and Motor Function Following Traumatic Brain Injury*	Graduate Studentship
Robinson, Nicholas	*Factors Influencing Males Sexual Health Education*	Graduate Studentship
Smith, Aaron Clark	*Young Men's Sexual Attitudes and Experience with Sexual Health Promotion in Amherst, Nova Scotia*	Graduate Studentship
Snelgrove-Clarke, Erna	*Research-Based Fetal Heart Surveillance of Low-Risk Laboring Women*	Graduate Studentship

Student Awards

Sommers, Ryan	*Access to Cardiovascular Services in Nova Scotia*	Graduate Studentship
Thorne, Lori	*Effects of Perceived Speaking Difficulty on Stuttering Frequency in Adults who Stutter*	Graduate Studentship
Tufts-Conrad, Dyan Julia	*Developing Machine Learning Models to Support Automated Coding of s Medical Discharge Abstract*	Graduate Studentship
Versnel, Joan	*Autonomous Regulation of Transition-Related Behavior Utilizing Motivation Theory and Metacognitive Instruction Strategies with Young Adolescents*	Graduate Studentship
Watson, Carrie	*Role of CD2 as a Costimulator of Cytotoxic T Lymphocyte Induction*	Graduate Studentship
Whitehead, Elizabeth	*Relation Between Perinatal Factors and Childhood Epilepsy*	Graduate Studentship

Matching Grants 2001/02

The Nova Scotia Health Research Foundation participates in the Regional Partnership Program of the Canadian Institutes of Health Research. Our annual contribution is $500,000.

In addition to the Regional Partnership Program, NSHRF co-sponsored four matching grants in 2001/02:

Jocelyn Downie, Health Law Institute, Dalhousie University
Project title: End of Life Treatment Policy and Practice in Canada
Funding Agency: Max Bell Foundation
NSHRF Matching Contribution: $150,490

Glen Drover, Faculty of Health Professions, Dalhousie University;
Tom Rathwell, School of Health Services Administration, Dalhousie University
Project title: Atlantic Regional Training Center in Applied Health Services Research
Funding Agency: Canadian Health Services Research Foundation
NSHRF Matching Contribution: $200,000

Renée Lyons, Atlantic Health Promotion Research Centre, Dalhousie University,
Mary McNally School of Dentistry, Dalhousie University
Project title: The Silent Epidemic of Oral Disease: Evaluating Continuity of Care and Policies for the Oral Health Care of Seniors
Funding Agency: Canadian Health Services Research Foundation
NSHRF Matching Contribution: $49,625.80

Jian Wang, School of Human Communication Disorders, Dalhousie University
Project title: Auditory Neuroscience Research Laboratory
Funding Agency: Canadian Foundation for Innovation
NSHRF Matching Contribution: $91,240

A Look Ahead

FISCAL 2001 WAS A YEAR OF GROWTH AND development for the Nova Scotia Health Research Foundation. We built on the base that had been laid the previous year and continued to develop an ongoing, effective operation of the organization; sustained relationships with our partners in the health research community; and an awareness of health research in the broadest sense. Here's what we plan to do in fiscal 2002:

- Hold our third annual awards competition and continue with our matching program, which will see more than $4 million awarded to health researchers in Nova Scotia. We will continue to develop and enhance our grant applications, focusing in particular on our Capacity-Building program.

- Conduct a week of workshops in the fall of 2002, including a workshop on grant-writing skills for prospective applicants. The key to getting grant money is being able to show funders that a project is worthy of financial support. At the NSHRF, we firmly believe our role goes beyond handing out awards to helping researchers compete successfully on a national and international scale.

- In conjunction with our workshop week, host a national meeting of funding agencies to explore issues and opportunities of mutual interest.

- Sponsor a targeted research workshop to further assist researchers and partners. This is part of our annual activity schedule.

- Continue to develop the strengths we have built during our first full year of operation. We will keep on striking a balance between an increasing sense of focus and a broad-based vision as we move into the years ahead.

- Update and issue a copy of our report "Health-Related Research: Provincial Support," a cross-Canada profile outlining the nature and degree of provincial support available to health researchers across the country.

- Undertake a strategic-planning process to develop a comprehensive picture of our future strategic direction. To provide guidance to the planning process, we will seek input from experts and key stakeholders in the health and health research fields including a series of consultation workshops. This initiative will ensure the continued growth and evolution of the Nova Scotia Health Research Foundation and is part of our ongoing dialogue with our stakeholders.

Auditor's Report

LYLE TILLEY DAVIDSON
Chartered Accountants

NEXIA INTERNATIONAL

AUDITOR'S REPORT

To the Directors of Nova Scotia Health Research Foundation

We have audited the balance sheet of the Nova Scotia Health Research Foundation as at March 31, 2002, and the statements of the Foundation's equity and operating support and expenses for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Foundation as at March 31, 2002 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles.

Lyle Tilley Davidson

CHARTERED ACCOUNTANTS
Halifax, Nova Scotia
May 15, 2002

Balance Sheet

as at March 31, 2002

	2002	2001
ASSETS		
CURRENT ASSETS		
Cash	$ -	$ 8,799
Short-term investments		
- administration	102,168	545,773
- restricted	2,790,970	1,678,577
Accounts receivable - administration	60,999	9,466
Prepaids	-	45,458
	2,954,137	2,288,073
CAPITAL ASSETS (note 5)	33,681	27,777
	$ 2,987,818	$ 2,315,850
LIABILITIES		
CURRENT LIABILITIES		
Bank indebtedness	$ 73,973	$ -
Accounts payable and accrued liabilities - administration	68,065	104,979
- restricted	2,480,378	1,821,876
	2,622,416	1,926,855
FOUNDATION'S EQUITY		
FOUNDATION'S EQUITY		
Unrestricted (note 4a)	54,810	532,294
Restricted (note 4b)	310,592	(143,299)
	365,402	388,995
	$ 2,987,818	$ 2,315,850

Signed on behalf of the Board Hugh A. Gillis Director Kirsta Connell Director

Statement of Foundation's Equity

for the year ended March 31, 2002

	2002	2001
UNRESTRICTED FUND EQUITY		
UNRESTRICTED FUND – BEGINNING OF YEAR	$ 532,294	$ 373,106
Excess of support over expenses (expenses over support)	(12,449)	159,188
Transfer to restricted fund (note 3)	(465,035)	-
UNRESTRICTED FUND – END OF YEAR	$ 54,810	$ 532,294
RESTRICTED FUND EQUITY (DEFICIT)		
RESTRICTED FUND – BEGINNING OF YEAR	$ (143,299)	$ 2,134,910
Support for grants	4,250,000	2,125,000
Canadian Health Services grant (note 8)	-	113,378
Issuance of grants	(4,445,996)	(4,601,902)
Interest on restricted funds (note 6)	184,852	85,315
Transfer from unrestricted fund (note 3)	465,035	-
RESTRICTED FUND - END OF YEAR	$ 310,592	$ (143,299)

Statement of Operating Support and Expenses

for the year ended March 31, 2002

	2002	2001
OPERATING SUPPORT		
Grant revenue	$ 750,000	$ 375,000
Program sponsorships	33,500	-
Interest income	32,621	12,680
	816,121	387,680
OPERATING EXPENSES		
Amortization	7,848	3,687
Capacity building program	328,380	22,500
Communications, public awareness and research findings		
one-time	30,320	-
ongoing	62,464	30,834
Consultants	44,968	24,046
Office	37,675	31,491
Meals and networking	3,438	1,602
Peer review of grant applications	34,536	21,750
Professional development	5,022	-
Regional partnership program	630	-
Salaries and benefits	159,449	72,491
Telephone, fax and website maintenance	7,255	2,710
Travel and meetings	18,955	11,123
Workshops	87,630	6,258
	828,570	228,492
EXCESS OF OPERATING SUPPORT OVER EXPENSES (EXPENSES OVER SUPPORT)	$ (12,449)	$ 159,188

Notes to Financial Statements

for the year ended March 31, 2002

1. CONTENT OF FINANCIAL STATEMENTS

The Nova Scotia Health Research Foundation, established by the Health Research Foundation Act of the Province of Nova Scotia (Bill No. 22) was given Royal Assent on December 3, 1998 and became effective on January 1, 2000. As stated in the Act, the objects of the Foundation are to assist, collaborate with and fund individuals and organizations conducting health research in the Province including the fields of health policy, health promotion and health care and without limiting the generality of the foregoing, assist health-services research, health-outcome research, health public-policy research and medical research.

The accompanying financial statements include only the assets and operations of the Foundation.

2. ACCOUNTING POLICIES

Capital assets

Capital assets are recorded at cost, and are amortized using the declining balance method at the annual rate of 30% for computer equipment and 20% for furniture and fixtures. Amortization is calculated at one-half of the normal annual rate in the year of acquisition; no amortization is recorded in the year of disposal. Leasehold improvements are amortized by the straight-line method over ten years with a full year of amortization recorded in the year of acquisition.

Fund accounting

The Foundation uses the fund accounting method of presenting its assets, liabilities and results of operations. This method recognizes the limitations and restrictions placed on the use of the resources available to the Foundation by classifying all transactions according to their nature.

Financial instruments

The Foundation's financial instruments consist of cash, accounts receivable, short-term investments, bank indebtedness and accounts payable. Unless otherwise noted, it is management's opinion that the Foundation is not exposed to significant interest, currency or credit risks arising from these financial instruments. The fair value of these financial instruments approximate their carrying values, unless otherwise noted.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires the Foundation's management to make estimates and assumptions that affect the amounts reported in the financial statements and related notes to the financial statements. Actual results may differ from these estimates.

3. DISTRIBUTION OF FUNDING

The annual grant made to the Foundation, which is provided from funds appropriated by the Nova Scotia Legislature, shall be distributed in accordance with the objects of the Foundation as follows:

a) 40% shall be spent on medical research
b) 15% shall be spent on health-outcome research
c) 15% shall be spent on health-services research
d) 15% shall be spent on health public-policy research
e) a maximum of 15% may be spent on the administration of the Foundation and 5% of the total amount spent on administration shall be spent on increasing the public knowledge and awareness of the Foundation.

If less than the total money allocated is spent in any of the categories, the remaining portion shall be reallocated to one of the remaining categories in a manner determined by the Board. During the year the board approved reallocating 85% of the remaining portion of unspent administrative funds to medical research.

4. FUND ACCOUNTING

a) Unrestricted Fund

The Unrestricted Fund is used to account for the primary operations of the Foundation, including costs related to administration, operations, and promotion of public awareness of the Foundation. Government grants and other income recorded directly by this fund include only those available for unrestricted operating purposes.

(b) Restricted Fund

The Restricted Fund is used to account for funds received that are designated for the issuance of grants for research including medical, health-outcome, health-services, and public policy research. At the time the approved grants are issued, the expenditures are recorded as a reduction of the fund equity.

Notes to Financial Statements

5. CAPITAL ASSETS

	2002			2001
	Cost	Accumulated amortization	Net	Net
Computer equipment	$ 10,797	$ 4,373	$ 6,424	$ 9,177
Furniture and fixtures	23,427	6,063	17,364	18,600
Leasehold improvements	10,992	1,099	9,893	-
	$ 45,216	$ 11,535	$ 33,681	$ 27,777

6. INTEREST ON RESTRICTED FUND

During the year the restricted fund received a support grant from the Province of Nova Scotia, authorized and paid health research grants, and earned interest on the funds invested. These amounts have been distributed to each category as follows:

	Opening Fund Balance	Transfer From Unrestricted Fund	Support Grant	Authorized Grants	Interest	Ending Fund Balance
Medical research	$ (457,094)	$ 465,035	$ 2,000,000	($ 2,459,297)	$ 86,989	$ (364,367)
Health outcome, services and public policy research	261,909	-	2,250,000	(1,934,813)	97,863	674,959
Canadian health services	51,886	-	-	(51,886)	-	-
	$ (143,299)	$ 465,035	$ 4,250,000	($ 4,445,996)	$ 184,852	$ 310,592

7. TAXATION

According to Bill 22, which was given Royal Assent effective January 1, 2002, the Foundation and its property are exempt from taxation imposed by or under the authority of an enactment of the Province of Nova Scotia. The Foundation is a registered charitable foundation under the Income Tax Act and is not subject to income taxes.

8. CANADIAN HEALTH SERVICES GRANT

The Nova Scotia Department of Health transferred $113,378 to the Foundation during the year ended March 31, 2001. These funds were restricted for the purpose of supporting the Canadian Health Services Research Foundation's Open Grants Competition. During the year, $51,886 (2001 – $62,657, including interest earned of $1,165) of grants were disbursed. The restricted balance remaining at March 31, 2002, is zero.

9. STATEMENT OF CASH FLOW

A statement of cash flow was not prepared, as it would not provide any additional meaningful information to the users of these financial statements.

10. COMPARATIVE FIGURES

Certain comparative figures have been reclassified to conform to the 2002 financial statement presentation.

Board of Directors

Hugh A. Gillis, Chair

Since 1998, Hugh is the former Academic Vice-President of St. Francis Xavier University in Antigonish, where he was also a member of the university's chemistry department. Hugh received his Ph.D. from the University of Notre Dame in Indiana and his Postdoctoral Fellow from the University of Leeds in England.

Brenda Montgomery, Vice Chair

Brenda is the past CEO of the Western Regional Health Board in Clementsport. She received her B.Sc. in nursing from Mount Saint Vincent University and her Masters in Health Services Administration from Dalhousie University, where she is an Honorary Professor in the School of Health Services Administration.

Carol Amaratunga

Carol is the Executive Director of the Atlantic Centre of Excellence for Women's Health at Dalhousie University in Halifax. She is also an Associate Professor of Research in the Faculty of Health Professions at Dalhousie. Carol received her Masters Degree in Agricultural Economics and Extension Education at the University of Guelph and her Ph.D. in Educational Theory specializing in adult education at the University of Toronto.

Colleen Elliott

Colleen is a Registered Nurse who specializes in the field of gerontology. She is currently on staff at the Glenview Lodge Nursing Home in Truro. Colleen is a graduate of St. Joseph's Hospital in Toronto. She has also received her certificate in Alzheimer's Disease and Related Dementias. Colleen is past president of the Nova Scotia Division of the Canadian Cancer Society.

Joan Fraser

Joan is the former Executive Director of the Heart and Stroke Foundation of Nova Scotia and a member of the Health Charities Network of Nova Scotia. She is also a former Judge of the Court of Canadian Citizenship for Nova Scotia. Joan is particularly interested in research related to heart disease and stroke, health promotion, population health and health outcomes.

John Gainer

John is the Clinical Coordinator of the Eating Disorders Program at the Cape Breton Healthcare Complex, a position he has held since 1994. He is also chair of the Research Ethics Committee. John received his Ph.D. in Clinical Psychology from McGill University in Montreal. He is the author of more than a dozen health research papers.

Thomas Larder

Thomas is the Chair of the Board of Directors of Canadian Dental Services Plans Inc. and President of Endo/Tech in Nova Scotia. He received his DDS from the Faculty of Dentistry at Dalhousie University in Halifax and his Certificate in Endodontics from Tufts University School of Dental Medicine in Boston. The Nova Scotia Dental Association has previously honored Thomas as Volunteer of the Year.

Brian D. MacDougall

Brian is the Vice President of Operations and Support Services at the IWK Health Centre for Children, Women and Families in Halifax. He received his Masters of Health Services Administration from Dalhousie University. Brian is also a Certified Health Executive and a Certified Management Consultant.

Donna Meagher-Stewart

Donna is the Associate Director of the Master of Nursing program at Dalhousie University School of Nursing in Halifax. She has a Ph.D. from the University of Toronto. Donna is an active participant in the health research community and her work has appeared in several journals and books.

Thomas Rathwell

Thomas is a professor and Director of the School of Health Services Administration at Dalhousie University in Halifax. His areas of specialization include health policy and planning, population health, comparative health care systems and public participation. Thomas, who received his Ph.D. from the University of Durham, also served as the Head of the World Health Organization's Collaborating Centre for Health Care Systems Research and Development.

Foundation Staff

Krista Connell
Executive Director

Krista is the Foundation's first Executive Director. Her job is extensive. She is responsible for providing the leadership and professional guidance necessary for the NSHRF to attain its strategic goals. Krista also oversees the tactical operation of the Foundation and ensures its effective and efficient operation.

As the Executive Director, Krista coordinates all aspects of the funding process including grant submissions, grant review, and consultation with key stakeholders. She is also responsible for outreach to the research community in its broadest sense and for the development of policies and approaches that foster involvement and support on the part of stakeholders. Krista reports directly to the Board of Directors.

In addition to her duties as Executive Director, Krista serves as a member of the Board of Directors of the Canadian Research Transfer Network, and is a member of the CIHR-sponsored working group on the development of a National Strategy for Cognitive Impairment. She is also an accomplished speaker who has been invited to present at national conferences as well as provincial and local venues.

Prior to joining the Foundation, Krista was employed with the Workers' Compensation Board of Nova Scotia. As the Manager, Special Services Unit, Krista developed and put in place new programs for injured workers as identified in Court of Appeal decisions. Krista was also named the WCB's first Manager, Health Care Benefits. She also served as the Coordinator for the Provincial Task Force on Primary Health Care and completed a post graduate fellowship with the Nova Scotia Department of Health. She previously practiced Physiotherapy in New Brunswick and Alberta.

Krista was born in Miramichi, New Brunswick. She is a graduate of Dalhousie University's School of Physiotherapy where she currently serves as a sessional lecturer and mentor. In 1990, Krista received her Masters of Health Services Administration from the University of Alberta.

When not in the office, Krista can be found at a pottery studio or at home with her husband and three cats, Molly, Rosencrantz, and Guildenstern.

Lesley Poirier
Research Program Analyst

Lesley is the Research Program Analyst for the NSHRF. She is responsible for program development including the research grants and peer-review process, program evaluation and budgeting as well as capacity-development programming including workshops that assist the research community in achieving research objectives that will ultimately benefit the health of Nova Scotians.

Prior to joining the NSHRF, Lesley was the Research Coordinator at the Maritime Centre of Excellence for Women's Health where she designed and implemented multi-disciplinary and multi-sectoral research programs. Lesley graduated from Dalhousie University with a Masters of Arts degree in Sociology.

Colleen Clattenburg
Administrative Assistant

Colleen is the Foundation's Administrative Assistant. In this capacity, she provides support to the Executive Director and the Board of Directors. Colleen joined the Foundation shortly after it was established and provided administrative support to the Interim Merit Review Committee. She was also instrumental in the development of application information for the very first call for funding.

Colleen began her career at Dalhousie University, where she was employed for seven years. In 1982, she joined the Policy Planning and Research Division of the Department of Social Services. Prior to joining the Foundation, Colleen held administrative support positions in the Research Development and Continuing Education Department and the Nursing Research Department at the QEII Health Services Centre.

Types of Research Funded

The Nova Scotia Health Research Foundation provides support to individuals and organizations conducting health research in four key areas:

- Medical Research, which includes basic scientific and biomedical research as well as clinical and epidemiological investigations.

- Health-Outcome Research, which involves research into changes in the health status of populations due to the implementation of health programs.

- Health-Services Research, which delves into the efficiency and effectiveness of the management, organization, and delivery of health services.

- Health Public-Policy Research, which assesses the impact of social factors, allocation of resources, legal and ethical issues, and the administration, organization, and financing of health care.

About NSHRF

THE HEALTH RESEARCH FOUNDATION ACT (Bill 22) was given Royal Assent on December 3, 1998. Little more than a year later, on January 1, 2000, the Act was proclaimed. By September, the Nova Scotia Health Research Foundation Office was staffed and fully operational.

The Foundation is the first health research organization in Nova Scotia funded by the provincial government. Each year the government contributes $5 million to the Foundation.

The goal of the Foundation is to assist, collaborate with, and fund individuals and organizations conducting health research in the province. Health research is defined in the broadest possible sense.

The establishment of a health research foundation was recommended by the Health Research Task Force in 1996. In the Task Force's 40-page report to government, it noted that health research in Nova Scotia "is severely disadvantaged at present. The lack of provincial funding limits Nova Scotia's capacity to compete nationally and to build a strong support system for decision-making. Although significant pockets of research excellence exist, there is no coordinated mechanism to support health research."

In its first year, the Foundation awarded more than $4.3 million (to be spent over two years) to nearly 60 research projects and students throughout Nova Scotia.

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